No. 300
10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 8- 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38686

State File No. 10695

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthonys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Crawford
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Osage Twps.
d. STREET ADDRESS (If rural, give location): Near Huzzar 0789

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Orvile c. (Last) Bays

4. DATE OF DEATH: (Month) Nov. (Day) 27 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 3 1885

9. AGE (In years last birthday): 66 — If under 1 year: Months 3, Days 24 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington Co. Mo

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James Bays

13b. MOTHER'S MAIDEN NAME: Delphia Gilliam

14. NAME OF HUSBAND OR WIFE: Bertha Bays

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Mrs. Hattie Lee Peters Mo.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL VASCULAR HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 12 DAYS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ARTERIOSCLEROSIS GENERALIZED — UNK.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 3 3 1 X

22. *I hereby certify that I attended the deceased from* 11-16-, 1951, *to* 11-27-, 1951, *that I last saw the deceased alive on* 11-27-, 1951, *and that death occurred at* 10-30A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Henry T. Cooper (Degree or title): M.D.

23b. ADDRESS: 818 Olive St St. Louis Mo

23c. DATE SIGNED: 30 Nov 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-30-51

24c. NAME OF CEMETERY OR CREMATORY: Skaggs Cemetery

24d. LOCATION (City, town, or county) (State): Crawford Co. Mo

DATE REC'D BY LOCAL REG. DEC 3 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Mrs. Luther Sparks Peters Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

_____,

working under my personal supervision.

Student Embalmer No._____

Signed Murphy & Lipscomb

Signed_____
Student Embalmer

Licensed Embalmer No. 4256

P. O. Address Flat River Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.